GAV 9881

			CERTIF	FICATE OF M	AILING					
		correspondence e addressed to:)231.	nt posta	age a	ıs first
Name (<u>Prin</u> t/Type)		Cindy Hoang		Signature	Jane		Date	08-2	27-2001	
CIPE					Application: Number 2809/626,526					
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					Confirmation Number To Be Assigned					d
SEP 0 4 2001 2 TRANSMITTAL					Filing Dat	Filing Date		7, 200	00_	
强		y			First Named Inventor		GREE	N		
TETRADEN	all Entity				Examiner		C. Jackson			
		•	ت		Group Art		2881			
					Attorney Docket No.		NUFO-021			
ENCLOSE			Claims	No. of claims as filed or after amendment	previously paid for	# Extra Claims	Rate		Totals	S
_	ment Under Rule	}	Total	31	32	0	18	\$		-
9	37 CFR §	1.111	Independent	5	3	2	80	\$	16	0.00
ゼ	Pages		Multiple Total Extra Clai	im Food				 	46	2 20
		07.07.0004	TOTAL EXITA CIGI			-		\$		0.00
	Petition for an of time from	07-27-2001	to	08-27-2001	A_month e	xtension was pre thereby reducing		Fee	\$ 1 	10.00
☐ Response	to File Missing	Parts (with copy of	formalities letter)							
	Filing Fee							Fee		
	Executed Deck	aration		Pages		Surcharge Fee				
	Other							Fee		
	•).	Fee		
	•						•	Fee		
	•						Fee			
	•							Subtotal	\$	
☐ Information	n Disclosure Sta	atement						Oubloic.		
_	Form 1449			Pages						
Pa Copies of Cited References				Pages		ı				
☐ Other										
	•					,		5		
								Fee	•	
								Subtotal	\$	
	to Notice to Cor	mply (with copy of N	lotice to Comply)							
Sequence Listing Certification									4	ı
Paper Copy of Sequence Listing Pages									-	•
	Diskette in com	nputer-readable forn	nat							
	Other			_				Fee		

Terminal Disclaime	er							
Appeal to Board of	Appeals and Appeal	Communication to	Group				Fee	
☐ Notice of A	Appeal	OOMMENICATION TO						
	ef in Triplicate		Pages _				Fee	
Reply Brief		•	Pages				Fee	
,,			Pages		<u></u> -		Fee	\$ -
M on and							Subtotal	\$ -
Other Enclosures ar		Revocation and	d New Power of	Attorney (1 pg.)		Fee	
☐ Change of Correspo	ndence Address						100	
Return Receipt Post	card				;			
	AGI ()				TC	TAL FEES		\$ 270.0
The Commission								
Deposit Accou	mer is authoriz nt 50-0815. If ad	ed to charge	any fees whi	in may be r	equired, or c	redii anv c	veroav	3000000
this a petition t	nt 50-0815. If ad herefore. A dup	UITIONAL IGES	are required,	including e	xtensions o	time, plea	SE COR	
		meare roby o	i iliis transm	ital is enclo	sed.			
				•				
	SIGNATURE	OF APPLICA	NT ATTOR	EV 00 : 0				
ame (Print/Type)	Robert C. H	Iall // //	ATTORN	EY OR AGE				
ignature		The state of	1 (1 6)		Registration	No.	39,2	09
rm Name ty	Bozicevic, Fie	ld & Francis L	LP	Address	Date	08-27-20	101	
elephone - Direct Dial	IMeniα Park		State	California	200 Middlefi	eld Road, S	uite 200	
inplication offert DISI	650-327-3400					zip 9	4025	
				Facsimile	650-327-3	721		
				Facsimile	650-327-32	231		
				Facaimile	650-327-3	231		
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NUFO-021

Page

Attorney Docket No.

Application No.

08/626,526